		PART B	- FEE(S	) TRAN	NSMITTAL		
Complete and send this form, together with applicable fee(s), to: M  MAR 1 4 2005 or E				<u>Fax</u>	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 x (703) 746-4000		
INSTRUCTION This for appropriate. All interests and interests are the notification	rm should be used for transpondence including the below or directed otherwisens.	smitting the ISSU Patent, advance or in Block 1, by (a	E FEE and ders and not ) specifying	PUBLIC tification a new co	ATION FEE (if req of maintenance fees orrespondence addres	uired). Blocks 1 through 5 will be mailed to the curren s; and/or (b) indicating a sep	should be completed where t correspondence address as parate "FEE ADDRESS" for
CURRENT CORRESPONDENC	CE ADDRESS (Note: Use Block 1 for 590 12/10/2004				Note: A certificate o Fee(s) Transmittal. T	f mailing can only be used his certificate cannot be used	for domestic mailings of the for any other accompanying tent or formal drawing, must
Pandiscio & Pand 470 Totten Pond R Waltham, MA 024 3/15/2005 WASFAW2 000001	oad 51-1914				Collins I hereby certify that states Postal Service addressed to the Ma	ertificate of Mailing or Tran	ismission  ng deposited with the United rst class mail in an envelope s above, or being facsimile
1 FC:2501	700.00 DP				Scott R.	Foster /	(Depositor's name)
	700100 UP				1cell.	K. force	(Signature)
					March 10,	2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED INVEN			TOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/700,167	11/09/2000	Gregory H. Lambr		. Lambred	cht	VIA-3	2779
APPLN. TYPE	SMALL ENTITY YES	ISSUE F	EE		12/03/2003 52EB 01 FC:2501 BLICATION FEE	01E2 00000025 0970016 -66 TOTAL FEE(S) DUE	DATE DUE 03/10/2005
nonprovisional					<b>3</b> 0	33 <i>3</i>	03/10/2003
EXAMINER		ART UNIT		CLASS-SUBCLASS			
ISABELLA	A, DAVID J	3738			623-001260		
<ol> <li>Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cu Number is required.			listed, no	name will	attorneys or agents. If no name is 3		
3. ASSIGNEE NAME AND	RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	T (print o	r type)		
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will app F a substitute	pear on the for filing	ne patent. If an assig an assignment.	nee is identified below, the	document has been filed for
(A) NAME OF ASSIGN	EE	(B	) RESIDEN	CE: (CIT	Y and STATE OR CO	OUNTRY)	
VIACOR, Inc	VIACOR, Inc.		Wilmington, MA				
Please check the appropriate	e assignee category or catego	ries (will not be pr	inted on the 1	patent) :	☐ Individual <b> KK</b> (	Corporation or other private g	roup entity Government
4a. The following fee(s) are	<del> </del>		. Payment of				
Kissue Fee \$35.0						nclosed. \$35.00	
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March 10, 2005 Authorized Signature Scott R. Foster 20,570 Typed or printed name Registration No. This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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5. Change in Entity Status (from status indicated above)

■ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

■ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

deficiencies))